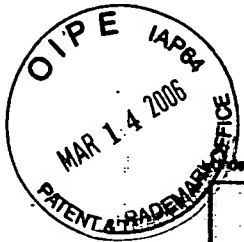


PTO/SB/81 (04-05)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	08/486,219		
	Filing Date	June 6, 1985		
	First Named Inventor	Michael HANDFIELD		
	Title	TIRE MONITORING VIA AN ELECTROMAGNETIC PATH INCLUDING THE GROUND PLAN OF A VEHICLE		
	Art Unit	2214		
	Examiner Name	W. L. Oen		
	Attorney Doctel No.	555642001400		
I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number: 25225				
OR				
<input type="checkbox"/> Practitioner(s) named below:				
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
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I am the:				
<input checked="" type="checkbox"/> Applicant/Inventor.				
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature			Date	3-9-06
Name	Michael Handfield		Telephone	(248) 651-5941
Title and Company	Inventor			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	08/466,219										
	Filing Date	June 6, 1995										
	First Named Inventor	Michael HANDFIELD										
	Title	TIRE MONITORING VIA AN ELECTROMAGNETIC PATH INCLUDING THE GROUND PLAN OF A VEHICLE										
	Art Unit	2214										
	Examiner Name	W. L. Oen										
	Attorney Docket No.	555642001400										
I hereby revoke all previous powers of attorney given in the above-identified application.												
I hereby appoint:												
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number: 25225												
OR												
<input type="checkbox"/> Practitioner(s) named below:												
<table border="1" style="width: 100%;"><thead><tr><th>Name</th><th>Registration Number</th><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>					Name	Registration Number	Name	Registration Number				
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I am the:												
<input checked="" type="checkbox"/> Applicant/Inventor.												
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)												
SIGNATURE of Applicant or Assignee of Record												
Signature: <i>Helene Laliberte</i>		Date: <i>3-9-06</i>										
Name: Helene Laliberte		Telephone: <i>(248) 651-5941</i>										
Title and Company: Inventor												
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.												
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